PROGRAM ANNOUNCEMENT 04012

HIV PREVENTION PROJECTS

INTERIM PROGRESS REPORT
AND
2005 APPLICATION

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF HIV/AIDS
150 N. 18TH AVENUE, SUITE 110
PHOENIX, ARIZONA 85007
(602)364-3610
DUNS NUMBER: **804745420**

OCTOBER 4, 2004

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I. Detailed Line-Item Budget and Justification for New Budget Period

PERSONNEL **$ 338,641.00**

Health Program Manager III (K. Benton) (1.0 FTE)

This position is responsible for the overall management of the HIV prevention program. This position is also responsible for the coordination of the HIV Prevention Community Planning Project. Responsibilities include developing and implementing regional planning groups, chairing the statewide planning steering committee, developing the overall comprehensive prevention plan, providing and/or facilitating training and technical assistance to planning group members, conducting public hearings or other methods of receiving public input, developing and monitoring intergovernmental agreements, contracts and contract requisitions necessary to conduct HIV prevention planning, and communicating with community, state and federal agencies and individuals in the implementation and development of this project. The Health Program Manager also supervises six individuals (one Program and Project Specialist II, one Health Planner III, one Administrative Assistant III, and three Health Planning Consultants).

Health Planning Consultant (D. Reardon-Maynard) (1.0 FTE)

This position provides expertise in program evaluation and is responsible for the implementation of the additional evaluation requirements of the HIV Prevention grant. This position provides evaluation support and programmatic evaluation findings to the regional community planning groups, as well as providing technical assistance as needed in the implementation of the evaluation component. Performs evaluation contract monitoring and compliance.

Health Planning Consultant vacant (1.0 FTE)

This position is responsible for coordinating HIV Prevention Community Planning in Arizona. This position provides support to the regional community planning groups, conducts meetings of the GoPig working group, and responsible for the state health department roles outlined in the Community Planning Guidance.

Health Planning Consultant (A. Gardner) (0.9 FTE)

This position provides consultation and technical assistance regarding HIV prevention Counseling and Testing Services programs for professionals, other state and local agencies, minority organizations, and other AIDS service groups. Consults in the development and implementation of statewide survey reports. Responsibilities include performing technical assistance needs assessments and intergovernmental agreement

monitoring, and acting as the lead contact for information regarding rapid testing. Prepares required reports and provides supervision of counseling and testing activities under this cooperative agreement.

Program & Project Specialist II (R. Shannon) (1.0 FTE)

This position provides consultation and technical assistance regarding HIV prevention program development for professionals, other state and local agencies, community organizations, and other AIDS service groups. Consults in the development and implementation of statewide survey reports. Responsibilities include acting as the lead contact for information regarding incarcerated populations, African American and Hispanic issues, perinatal HIV prevention, and minority issues. Prepares required reports and acts as liaison to departmental, professional, and community groups as required by this cooperative agreement.

Administrative Assistant III (H. Brown) (0.95 FTE)

This position is responsible for all elements of data collection for the HIV Prevention Project. This includes monitoring and inputting CTRPN client data forms totaling 36,000 annually and submitting this data to CDC on a monthly basis. In addition, this position provides web system training to contractors, inputs data relating to the evaluation of HIV prevention programs and contracts, and provides contractor technical assistance and monitoring using the program's web-based reporting system. This position also acts as data liaison to the web system contractor.

Planner III (J. Miller) (1.0 FTE)

This position provides expertise in effective HIV prevention programming and is responsible for quality assurance and program improvement activities related to health-department contracted HIV prevention programs throughout Arizona. Duties and responsibilities include developing quality assurance standards and procedures, providing technical assistance to program staff of health departments and community-based organizations, and monitoring compliance with targeted prevention program activities.

Program and Project Specialist I (S. Douglas) (0.6 FTE)

This position provides administrative support for all activities related to implementation of the HIV program. Duties and responsibilities include: tracking of HIV budgets and expenditures, typing of correspondence, reports, work plans, schedules, questionnaires, etc.; assisting with the development and implementation of workshop. Also responsible for initiating and tracking all paperwork related to the expenditure of funds in the HIV program.

Administrative Services Officer I vacant (0.6 FTE)

This position is responsible for the coordination of business processes within the Office of HIV/AIDS. Duties and responsibilities include: provision of business-related technical assistance, training, and support to the Prevention Program Manager, prevention staff, and all programs funded under this Program Announcement; oversight of disbursement of funds; implementation of HIV/AIDS Office processes required to implement and maintain contracts and intergovernmental agreements funding HIV prevention activities statewide.

Public Health Scientist II (K. Wallace) (0.9 FTE)

This position is responsible for public health confirmatory HIV testing of specimens from Arizona CTS sites. Responsibilities include HIV-confirmatory specimen testing, and serving as liaison to CDC Laboratory as needed.

EMPLOYEE-RELATED EXPENSES **$ 108,367.00**

TRAVEL **$19,909.00**

In-State $ 7,909.00

Funds for in-state travel are requested for mileage and per diem reimbursement to conduct technical assistance; site visits to new and continuing contractors, and trainings involving HIV Prevention Planning.

Out-of-State $12,000.00

Funds for out-of-state travel support participation in CDC-mandated trainings such as the National HIV Prevention Leadership Summit and staff development trainings such as the Partner Counseling and Referral Services meetings, DEBI Intervention trainings, and Minority Summits.

EQUIPMENT **$10,000.00**

Funds are requested to support upgrades to computer hardware and software and office equipment used by the HIV prevention program.

SUPPLIES **$86,000.00**

Office Supplies $ 15,000.00

General office supplies, which include: pencils, note pads, Xerox paper, pens, staplers, and computer paper, etc. at $156.25 per month for 8 FTE positions.

Laboratory and HIV Testing Supplies $ 70,000

Laboratory reagents and supplies necessary for HIV antibody testing of specimens submitted from HIV counseling and testing sites, county health departments, STD and TB clinics, drug treatment centers and other health agencies offering HIV counseling and testing to high-risk populations. Additional funds will be used to purchase HIV testing supplies for testing sites.

Educational Materials and Videos $ 1,000

Educational brochures and videos, which are made available to the public

CONTRACTUAL **$ 2,443,359.00**

COMMUNITY PLANNING GROUPS **$ 250,000.00**

Central Arizona Planning Group - Maricopa County Department of Public Health $ 100,000

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/04 - 12/31/04
Description of Activities:	These funds will support the Central Arizona Planning Group activities, which include administrative support for regional meetings, capacity development for planning group members, expert consultation, the collection and analysis of data relevant to community planning, and travel for four co-chairs to the annual HIV Prevention Summit as required by CDC. The Maricopa County Health Department serves as the coordinating entity and fiscal agent for the Central Region Planning Group.

Northern Arizona Planning Group - Coconino County Health Department $ 80,000

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/04 - 12/31/04

Description of Activities:	These funds will support the Northern Arizona Planning Group activities, which will include administrative support for regional meetings, capacity development for planning group members, expert consultation, the collection and analysis of data relevant to community planning, and travel for four co-chairs to the annual HIV Prevention Summit as required by CDC. The Coconino County Health Department serves as the coordinating entity and fiscal agent for the Northern Region Planning Group.

Southern Arizona Planning Group - Pima County Health Department $ 70,000

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/04 - 12/31/04
Description of Activities:	These funds will support the Southern Arizona Planning Group activities, which will include administrative support for regional meetings, capacity development for planning group members, expert consultation, the collection and analysis of data relevant to community planning, and travel for two to the annual HIV Prevention Summit as required by CDC. The Pima County Health Department serves as the coordinating entity and fiscal agent for the Southern Region Planning Group.

TARGETED COUNSELING AND TESTING SERVICES (CTS) AND TRAINING **$ 366,020.00**

Coconino County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Northern Regional HIV Prevention Plan and Statewide Plan.
Description of Activities	This agreement will support integrated HIV counseling, testing, reporting, surveillance, referral and partner notification services in the Northern Region serve as the regional CTS Center. Work with and provide CTS assistance, training, and quality assurance oversight to targeted prevention programs and coordinate with prevention case management providers to ensure appropriate referral of persons identified as HIV-positive.

Target Population:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Maricopa County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Central Regional HIV Prevention Plan and Statewide Plan.
Description of Activities	This agreement will support integrated HIV counseling, testing, reporting, surveillance, referral and partner notification services in the Central Region serve as the regional CTS Center. Work with and provide CTS assistance and quality assurance oversight to targeted prevention programs and coordinate with prevention case management providers to ensure appropriate referral of persons identified as HIV-positive.
Target Population:	Men who have sex with men (MSM), Hispanic MSM, injection drug users (IDU), African American IDU and/or MSM

Pima County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Regional HIV Prevention Plan and Statewide Plan.
Description of Activities	This agreement will support integrated HIV counseling, testing, reporting, surveillance, referral and partner notification services in the Southern Region serve as the regional CTS Center. Work with and provide CTS assistance and quality assurance oversight to targeted prevention programs and coordinate with prevention case management providers to ensure appropriate referral of persons identified as HIV-positive.
Target Population:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

COUNSELING, TESTING, REFERRAL AND PARTNER NOTIFICATION $ **399,260.00**

Apache County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Northern Regional HIV Prevention Plan and Statewide Plan.
Description of Activities	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Northern Arizona.
Target Population:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Cochise County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Coconino County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Northern Regional HIV Prevention Plan and Statewide Plan.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Northern Arizona.
Target Populations:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Gila County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Northern Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Graham County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Regional HIV Prevention Plan and the Statewide Plan.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral

	services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Greenlee County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Arizona and Statewide HIV Community Prevention Plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Maricopa County Department of Public Health

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Central Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services through the Maricopa County counseling and testing sites. It will also support the region-wide safety net infrastructure in Central Arizona.
Target Populations:	Men who have sex with men (MSM), Hispanic MSM, injection drug users (IDU), African American IDU and/or MSM

Mohave County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC

	requirements, the Northern Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Northern Arizona.
Target Populations:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Navajo County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Northern Regional HIV Prevention Plan and Statewide Plan.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Northern Arizona.
Target Populations:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Pima County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Pinal County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Central Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Central Arizona.
Target Populations:	Men who have sex with men (MSM), Hispanic MSM, injection drug users (IDU), African American IDU and/or MSM

Santa Cruz County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Yavapai County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will support services in accordance with CDC requirements, the Northern Regional HIV Prevention Plan and the State Comprehensive Prevention Plan.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services through the HIV clinic. This agreement also will support the region-wide safety net infrastructure in Northern Arizona.
Target Populations:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will

also support the region-wide safety net infrastructure in Northern Arizona.

Yuma County Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Arizona and Statewide HIV Community Prevention plans.
Description of Activities:	This agreement will support HIV counseling, testing, reporting, surveillance, and partner counseling and referral services. This agreement also will support the region-wide safety net infrastructure in Southern Arizona.
Target Populations:	Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Navajo Nation

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Northern Regional HIV Prevention Plan and Statewide Plan.
Description of Activities:	This agreement will support counseling, testing, and partner notification and referral services to American Indians. This agreement also will support the region-wide infrastructure and safety net in Northern Arizona.
Target Populations:	Men who have sex with men (MSM), High-risk heterosexuals (HRH), and Injection drug users (IDU). This agreement will also support the region-wide safety net infrastructure in Northern Arizona.

Pasqua Yaqui Tribal Health Department

Agreement Type:	Intergovernmental Agreement (IGA)
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Southern Regional HIV Prevention Plan and the Statewide Plan.
Description of Activities:	This agreement will support counseling, testing, and partner notification and referral services to American Indians. This agreement also will support the region-wide infrastructure

and safety net in Southern Arizona.

Target Populations: Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

Tohono O'Odham Health Department

Agreement Type: Intergovernmental Agreement (IGA)
Period of Performance: 01/01/05 - 12/31/05
Justification: This agreement will provide services in accordance with CDC requirements, the Southern Regional HIV Prevention Plan and the Statewide Plan.
Description of Activities: This agreement will support counseling, testing, and partner notification and referral services to American Indians. This agreement also will support the region-wide infrastructure and safety net in Southern Arizona.
Target Populations: Men who have sex with men, injection drug users, high-risk heterosexual Hispanic women.

CONTRACTS – TARGETED PREVENTION **$ 1,428,078.65**

Southern Arizona AIDS Foundation $ 360,000.00

Agreement Type: Contract
Period of Performance: 01/01/05 - 12/31/05
Justification: This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities: These funds will support a statewide program with separate components operational in the three regions. Programmatic activities were be modified in 2004 to more fully comply with CDC requirements, particularly in the addition and focus on Prevention Case Management services.
Target Populations: HIV-positive persons throughout Arizona.

AIDS Project Arizona $ 134,630.65

Agreement Type: Contract
Period of Performance: 01/01/05 - 12/31/05
Justification: This agreement will provide services in accordance with CDC

	requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	This program will utilize the Mpowerment model to provide prevention services to MSM.
Target Population:	Men Who Have Sex With Men

Coconino County Health Department $ 95,904.00

Agreement Type:	Contract
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	This program will use the PROMISE model to provide prevention services to MSM in Northern Arizona.
Target Population:	Men Who Have Sex With Men

Maricopa County Department of Public Health Services $125,000.00

Agreement Type:	Intergovernmental Agreement
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	These funds will support a PROMISE program in the Central Region.
Target Population:	Men Who Have Sex With Men

Body Positive $ 167,544.00

Agreement Type:	Contract
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	These funds will support a Central Region prevention program utilizing the Man-to-Man Sexual Health Seminars model.
Target Population:	Men Who Have Sex With Men

Southern Arizona AIDS Foundation $ 190,000.00

Agreement Type:	Contract
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	These funds will support Southern Region prevention program using the PROMISE model.
Target Population:	Men Who have Sex with Men

TERROS $ 185,000.00

Agreement Type:	Contract
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	These funds will be used to provide a central region prevention program using the Safety Counts model.
Target Population:	Injection Drug Users

To Be Awarded for 2005:

Pima County Health Department $ 40,000

Agreement Type:	Intergovernmental Agreement
Period of Performance:	01/01/05 - 12/31/05
Justification:	This agreement will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	Funds will be used to support a pilot program providing Partner Counseling and Referral Services based on the model presented in MMWR, February 20, 2004.
Target Population:	Men who have sex with men

Prevention Contractors in the Northern, Central, and Southern Regions — $ 100,000.00

Agreement Type:	Contract and Intergovernmental Agreement
Period of Performance:	01/01/05 - 12/31/05
Justification:	These agreements will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	Northern Region: $ 55,000 for a program targeting IDU and for event-based targeted testing and education for high-risk heterosexuals. Southern Region: $ 30,000 for an HIV prevention component added to an existing promotora program for high-risk heterosexual Hispanic women. Central Region: $ 15,000 for an evidence-based, skills-building workshop-format program for MSM.
Target Populations:	Men who have sex with men, Injection Drug Users, High-Risk Heterosexuals

Consultants in each of the Three Community Planning Regions — $ 30,000.00

Agreement Type:	Contracts
Period of Performance:	As determined during 2005
Justification:	These agreements will provide services in accordance with CDC requirements, the Regional HIV Prevention Plans and the Comprehensive Statewide Plan.
Description of Activities:	As appropriate, consultants will be utilized, in cooperation with the three Regional CPG Community Services Assessment Committees. Project activities will involve various methods of data collection to determine the available services, service gaps, and needs of preliminary priority populations determined by each regional Epidemiology Committee. Results will inform the selection, adaptation, and targeting of science-based intervention programs for persons infected with HIV and at high risk for HIV infection.
Target Populations:	As determined by each regional community planning group.

G. OTHER **$105,261.00**

Training/Conference Support

These funds are needed to provide honoraria and travel support for both in-state and out-of-state speakers for trainings/workshops. In addition, funds are requested to rent appropriate hotel space for the convening of these statewide and regional trainings/workshops/conferences (including those associated with the prevention planning process).

Funds are requested to support quarterly HIV Prevention Statewide Advisory Group meetings for the community planning group co-chairs and other Arizona HIV prevention stakeholders. Associated expenses for these meetings include: meeting space for four meetings; and meeting supplies such as materials for team building activities.

Postage, UPS and Express Mail

Expenditure history indicates an average of $200 per month for basic mailing costs ($200 x 12 = $2,400). Funds ($3,500) are requested for planned bulk mailings including condom and professional conference mailings. An additional $1,400 is requested to support mailing costs associated with HIV prevention community planning. Ongoing mailings to a broad group of individuals and agencies will occur during this process.

Phone/Communication Charges

These funds are needed to support phone calls necessary for program management, consultation, and technical assistance. FAX and phone charges remain significant in the prevention planning process statewide and regionally.

Duplication Expenses

Funds are requested ($7,000) for an estimated 350,000 copies of materials both for distribution
in training/education efforts and written materials developed and /or utilized within the planning process at a base rate of $0.02 per copy. An additional $1,500 is needed for expenses related to special projects and maintenance.

HIV Prevention and Education Events

Funds are requested to support single events related to HIV prevention and education efforts throughout Arizona in 2005, such as the urban and rural AIDS Walks, World AIDS Day events, and others. State Health Department plays a vital role in these

events via the provision of educational materials, condoms, paying for speakers and facilities, as well as other materials.

Web-based process evaluation reporting system

Management and upkeep requirements of the web-based reporting system implemented by Arizona since 2000 to fulfill the CDC evaluation guidance statewide reporting requirements
for process monitoring and HIV counseling & testing.

ITS Direct Charges	**$ 25,751.00**
INDIRECT COST	**$113,737.00**

Total Prevention 2005 Budget Amt.	**$3,251,021.00**

CORE ELEMENT: COMMUNITY PLANNING

1) What specific actions has the health department taken to develop and implement a new Comprehensive HIV Prevention Plan in accordance with CDC's 2003 "HIV Prevention Community Planning Guidance?" What years will this plan cover?

The current Arizona Comprehensive HIV Prevention Plan covers years 2004-2006, in accordance with the state's three-year community planning cycle. The most noteworthy efforts undertaken in order to modify the current plan in accordance with the contents of the Community Planning Guidance are:

- Intensive planning and implementation activities carried out by GoPig, the statewide community planning work group.
    - During 2004, ADHS created a statewide Community Planning Guidelines document, in order to emphasize the importance of maintaining the unique values of Arizona CPGs, setting a "baseline" standard for consistent, uniform statewide community planning activities, and bringing the state's community planning functions more into compliance with the CPG Guidance. During 2005, regional planning groups will continue to modify their by-laws and schedules to more closely adhere to the Arizona Guidelines.
- The Statewide HIV Prevention Advisory Group (SWAG) initiated plans to reorganize, expand, and focus its membership and activities. By-laws are currently being refined, and will be implemented to increase the number of potential prevention stakeholders participating in the group and providing guidance to ADHS. Potential partners to be recruited include behavioral health agencies, STD programs, media, larger numbers of HIV-infected persons, other HIV providers, educational programs, and Local and Tribal health departments.
- ADHS will contract with a consultant to intensively evaluate the current structure of community planning throughout Arizona, collect input from HIV prevention stakeholders around the state, make recommendations as to future directions for more effective, responsive community planning, and assist the health department and CPGs in implementing the recommendations.
- The community planning consultant will also advise ADHS as to how best to adjust planning calendars and/or prevention plan updates to meet CDC's five-year funding cycles and the requirement that the final plan of the 2004-2008 project period should guide the development of the 2009-2013 planning/funding period. For example, since the current plan covers 2004-2006, future plans could potentially be staggered to cover 2007-2008; 2009-2011, and 2012-2013.

2) When will the annual update of your Comprehensive HIV Prevention Plan take place? What is your process for accomplishing this?

The dates for Arizona's original CPG 3-year Planning Cycle activities for 2003-2005 will be extended due to delays in planning group implementation of the statewide

guidelines, significant CPG staff changes, a longer-than-anticipated production time for the statewide integrated epi profile, and the revamping of the HIV/AIDS Office Epidemiology Section's surveillance data analysis, interpretation, and presentation capabilities. Although many of these issues have been frustrating to both ADHS staff and some CPG members, the data quality resulting from the aforementioned delays is vastly increased, and will contribute to a richer assessment and planning process statewide.

Task	Original Target Dates		Revised Targets
Orient planning groups to new processes necessitated by new CDC Community Planning Guidance	August -- December	2003	
ADHS develops Integrated Epidemiologic Profile Provide regional epidemiologic and behavior risk factor information to planning groups	January – June	2004	Extended to October - November, 2004
Develop and implement AED-based priority setting process. Utilize state integrated epi profile findings. Generate list of prospective priority populations for each region.	July - December	2004	Extended to Early 2005
Conduct Community Service Assessment, which includes at least process evaluation information on currently-funded prevention interventions in region.	January – June	2005	Extended to July, 2005
Utilize CSA and other input to formulate recommendations for adapting and tailoring of Interventions for prioritized populations	July - September	2005	Extended to October, 2005
Write and disseminate Regional Comprehensive Prevention Plans	October – December	2005	

3) What specific actions will take place between January and December 2005 to develop and/or implement the new plan? Please include discussion of the priority-setting process.

Arizona will continue to implement and refine its 2004-2006 prevention plan during 2005. In order to determine appropriate revisions to the plan, ADHS will utilize input from the CPG co-chairs, Statewide Advisory Group, CPG membership, and evaluation findings from currently-funded prevention programs.

"HIV Prevention Community Planning: Setting HIV Prevention Priorities," the priority-setting guide developed and recently updated by the Academy for Educational Development, will be used as the model for priority-setting activities in all three Arizona community planning groups. If appropriate, consultation with AED will be used to facilitate the priority-setting process. Two of the three CPGs (Northern and Central) are planning to conduct mini-retreats in order to bolster teambuilding and increase understanding of and commitment to CDC community planning requirements. It is hoped that these retreats will take place in late 2004, but if scheduling difficulties occur, they will occur in early 2005.

4) What specific activities will occur between January and December 2005 to address HIV-infected persons as the highest priority population in the jurisdiction?

Although the CPGs initially objected to the process used by CDC to mandate the prioritization of HIV-infected persons in Arizona, most if not all members recognize the importance of targeting prevention efforts toward those most likely to transmit the virus to others. During 2005, HIPAZ, the statewide HIV Prevention for Positives Program, will be invited to present its PCM program activities, findings, and "lessons learned" to each of the state's three community planning groups. CPG members will be encouraged to share their concerns and recommendations with program staff.

If appropriate, the GoPig work group and Statewide Advisory Group will make further recommendations to ADHS for modifications, expansion, etc., of the PCM program.

In 2004, ADHS hired a new program improvement/quality assurance coordinator to assist the health department and its funded programs to increase the quality of its prevention services. This staff person will partner with HIPAZ to produce, implement, and evaluate quality assurance plans and protocols for PCM. A key outcome from this process will be an assessment of the success of HIPAZ in providing effective prevention case management to HIV-infected persons and their high-risk partners.

5) What other activities will take place next year to enhance your community planning process?

As mentioned, ADHS will engage the services of an independent consultant to evaluate the current structure and effectiveness of community planning in Arizona. The consultant will study all CDC and ADHS requirements, solicit input from stakeholders throughout Arizona, formulate recommendations for improvement, and propose a strategic plan for implementing the recommendations. The consultant services will be solicited late in 2004, and continue into 2005.

6) Please discuss your plans for implementing community planning activities for calendar year 2005.

Regional CPGs will continue to conduct local activities according to the community planning calendar (see p. 21). Individual committees in each CPG will continue to formulate and carry out plans to improve adherence to Community Planning Guidance goals and objectives, such as improving CPG representation through targeted recruitment.

As stated above, the upcoming community planning strategic plan will propose an outline for the direction of future community planning activities.

CORE ELEMENT: COUNSELING, TESTING, AND REFERRAL SERVICES (CTR)

1) What specific actions took place between January and June 2004 to improve the provision of test results to persons who had received tests?

ADHS has actively sought to convert those sites testing persons at highest risk to rapid testing technology.

Arizona's web-based reporting system provides better monitoring of grantees by the health department and better visibility to issues of concern. ADHS is able to achieve better documentation of testing issues with the web-based system.

Increased confidential testing in all CTS sites allows for better follow up with HIV+ persons.

Increased expectation that counseling and testing personnel would follow up with their own clients for confirmatory results, referrals, and linkages to Ryan White programs in addition to linkages to surveillance programs. Additional training and technical assistance is in place to help agencies with follow-up.

2) How are referrals for persons who test positive provided and tracked?

Referrals are offered to clients at several points and recorded in the web-based reporting (Luther Consulting) system:

If testing occurs in a rapid test setting – after a positive OraQuick finding, upon return for a confirmatory result, during a PCRS contact and following contact if requested

After testing using a traditional method (blood draw or oral mucosal) – clients receive referrals after a positive IFA or Western Blot.

In a surveillance setting, clients who have tested positive and are referred to the state health department from lab reports are entered into the HIV/AIDS Reporting System (HARS) database. The CDC HARS database does not allow us to capture this information. All clients receive referrals, PCRS, and linkage to medical care. This information is currently lost to follow up and review by the Prevention program.

ADHS Prevention & Surveillance programs have been meeting to create a protocol allowing this information to be kept (outside of the HARS database) for all counties providing surveillance activities to HIV positive persons. ADHS expects that this new protocol will be in place before the end of 2004 and fully effective in 2005.

3) What actions will take place between January and December 2005 to further improve your return rate and ensure that appropriate referrals are provided and tracked?

All grantees will be given a report tracking their successes and challenges, as documented in the 2004 CTS database. Technical Assistance will be provided to each grantee with HIV positive clients. Return rates and referral reports will be generated quarterly in 2005 and provided to the grantee for review and planning. Technical assistance will be provided to each grantee to improve return rates and documentation of referrals.

4) How many tests do you expect to be performed by the health department in calendar year 2005 (do not include health department grantees, but the health department itself across all CDC-funded counseling and testing sites)? What is your target return rate for all HIV tests performed by the health department?

The State Health Department does not conduct any HIV testing. All CTS activities are provided by grantees and/or through agreements between ADHS & the county health departments or CBOs. Approximately, 30,000 total tests (10,000 rapid tests and 20,000 conventional tests [blood and oral]) are performed each year.

5) Briefly describe your plan to implement rapid testing in your jurisdiction during calendar year 2005. How many grantees will provide rapid testing in 2005? What settings and venues will be included? How many persons do you expect to be tested? How will training on rapid testing be provided?

ADHS has implemented rapid testing in our jurisdiction. Currently, rapid testing is provided by seven grantees, and through additional agreements with reservations, behavioral health programs, and programs funded by SAMHSA.

ADHS continues to expand rapid testing to appropriate venues statewide, with an emphasis on testing targeted to those populations most at risk in Arizona – men who have sex with men and injection drug users.

All targeted prevention grantees are required by their ADHS contract to provide either CTS services or linkages to testing for their targeted program participants. Rapid test training is conducted through CDC (see below).

In 2005, ADHS grantees expect to expand CTS services to behavioral health agencies, sex clubs, bathhouses, CBOs targeting MSM and IDU, and Ryan White clinic settings. A total of 10,000 rapid tests are expected to be done in current and new settings.

Any setting providing rapid testing must hold a valid CLIA certificate and have a doctor's standing order for any testing provided. The CLIA monitor at each site is responsible for correct usage, training and storage of the OraQuick devices. ADHS will provide technical assistance on the CDC protocols, access to the CDC Rapid Test Trainings, and regional training centers for counseling and PCRS training. All sites which participate with ADHS in PMS II (OraQuick Post-Marketing Surveillance) will be asked to sign an agreement outlining the roles and responsibilities for QA within a rapid test program.

All grantees using rapid testing will require ADHS review of all protocols to assure that they are compatible with both the CDC suggested rapid test guidelines and quality assurance, as well as adherence to the OraSure Technologies product inserts. ADHS will host CDC Rapid Test trainings if the CDC continues to hold them.

6) What specific steps will take place between January and December 2005 to support HIV screening in high prevalence settings, including emergency rooms?

- ADHS will continue to partner with grantees to increase targeted testing in Arizona's high prevalence settings.
- ADHS will conduct a meeting of those grantees who find HIV+ in their setting to update them on the latest procedures for PCRS and linkages to medical care
- Develop a list of settings in which ADHS wants to promote testing and encourage grantees to operate in those settings

- Continue web-based reporting system and training
- Decrease emphasis on non-targeted universal access testing
- Decrease emphasis on anonymous testing – keep available but limited statewide
- Increase collaboration with STD/Family Planning /TB & other confidential testing settings

7) What other activities will take place next year to enhance your CTR program?

- CTS protocol will be updated to include latest CDC protocols and changes to state CTS policy. ADHS will use 2004 data to develop a statewide recommendation for all grantees.
- Establish minimum qualifications and training expectations for all persons providing CTS (including surveillance programs)
- The web-based system documents all referrals provided by counseling and testing sites to HIV positive persons. Linkages to medical care are also documented. HIV positive persons found by lab reporting and routed through the surveillance unit are not recorded in the prevention web-based system. Discussions are taking place to problem-solve this issue.
- Develop a procedure with ADHS Epidemiology and Ryan White Care Act funded programs to assure that ADHS prevention programs receives timely data regarding any tests conducted by private physicians on open discordant cases.
- Ensure that ADHS funded surveillance programs receive CTS/PCRS training at their local training center
- Review and update rapid test protocols for delivering discordant results to clients. Provide training related to new protocols to regional training centers.
- Increase linkages with STD programs including HIV testing for all persons who are positive for syphilis, and provide syphilis testing to all HIV positive persons.

8) Please discuss your plans for implementing CTR activities for calendar year 2005.

- All CTS/CTR activities are implemented through ADHS grantees.
- Provide technical assistance to all grantee sites where HIV positive persons are found to increase return rates and adherence to PCRS activities.
- Review quarterly audits of rapid test sites vs. conventional testing sites and provide technical assistance as needed.
- PMS II Protocol & written agreement updated
- Review and update rapid test protocols for delivering discordant results to clients. Provide training related to new protocols to regional training centers
- Develop a year-end report for 2004 for each grantee with a list of known sites. Provide technical assistance as needed.

- Conduct quarterly audits of HIV Testing Programs. Any areas found to be in need of improvement will be highlighted to the grantee and action steps will be implemented to solve them
- Review results produced by CDC lab in 2004 for all discordant clients. Develop plan with Arizona State Lab personnel to evaluate test kits used at the Lab for specificity & sensitivity and make changes as needed
- Review and update confirmatory testing procedures for all grantees and the Arizona State Lab.

CORE ELEMENT: PARTNER COUNSELING AND REFERRAL SERVICES (PCRS)

1) How effective is your PCRS program in reaching partners of HIV-infected persons, ascertaining their HIV serostatus, and providing them with appropriate referrals? What barriers prevent you from being as effective as possible?

Arizona has a split approach to this issue. For rural area grantee CTS programs (and CBOs that receive assistance from ADHS), clients receive PCRS. Partners are elicited, tested and referred if appropriate. In many of our rural areas, the same person who provides HIV testing, provides STD services, Ryan White services, and linkages to medical care – often in the same visit. In Phoenix, the CBOs that we fund or have written agreements with provide excellent partner elicitation and follow up with testing of partners if appropriate. All of this is recorded in the web-based reporting system.

Arizona is a mandatory reporting state for HIV and AIDS. All lab reports are submitted to the ADHS surveillance unit for processing. Reports are then forwarded to county health departments for investigation. These investigations are overseen by epidemiologists in the surveillance unit. They do not record referrals, nor do they track any items that are not specifically in the HARS database system. If, under further investigation by the counties, the case does not belong to Arizona, they do not leave any record of any services, referrals etc., that may have been supplied to the client. We have not been able to succeed in integrating the surveillance unit process into providing PCRS documentation on these clients to the ADHS prevention unit.

Barriers

Infrastructure at both the state and county levels is the biggest barrier to effective PCRS in Arizona. 92% of all new cases are located in Maricopa & Pima counties. Pima county has an integrated program of HIV CTS, STD screening, Hepatitis screening & vaccines, and PCRS for all positives. All positives found in Pima County through the lab reporting process are given the same level of services as those found within their CTS program.

Maricopa County, however, maintains a completely separate surveillance unit which provides PCRS but does not document any referrals or partner services delivered to partners of HIV positive individuals. This unit is funded separately under a different CDC grant through the ADHS Surveillance (Epidemiology) unit. They do not receive the same level of training, nor do they provide the same level of service to their clients as the HIV Prevention CTS-funded program in Maricopa County. Unfortunately, this has forced the Maricopa CTS program to provide duplicate services to assure that their clients (those found through the CTS program activities) are linked to medical care and that this is documented in the web-based system. Any HIV positive individuals in Maricopa County who are not found through the CTS program (about 50%) do not receive adequate services, nor is any documentation maintained that is not in the HARS database.

2) How many HIV-infected persons received health department provided PCRS between January and June 2004? On what data is this number based?

Maricopa County Surveillance unit reports 77 partners were elicited from HIV-infected persons. The data source is the manager of the county surveillance program. In the CTS programs, the web-based system documents that 162 persons received PCRS Services elicited from 125 HIV-infected persons.

3) Describe how the health department, your grantees, and STD clinics work together on partner notification and partner referral to CTR and other services.

As mentioned, all ADHS-funded targeted prevention programs are linked to testing activities through the regional CTS centers. At many program sites, both HIV and STD testing are offered to those at highest risk. Recently, the HIV/AIDS Office and ADHS STD Program met, and agreed that both HIV and Syphilis testing should be performed on persons infected with either disease, regardless of which ADHS-funded program performed their test. When HIV-positive persons are identified through testing at targeted prevention programs, they are referred to HIPAZ, the statewide Prevention for Positives PCM program.

4) What specific actions will you take between January and December 2005 to strengthen your PCRS program and improve how PCRS is provided to HIV-infected clients in non-health department settings?

The ADHS Prevention Program will work with the ADHS Epidemiology Program to develop a plan to assure that all persons found through laboratory reporting receive PCRS services and are accurately reported into the web-based system.

5) How many community-based agencies will provide PCRS activities and collaborate with the health department on partner notification? Briefly describe these agencies and how they will conduct PCRS.

The following agencies provide Counseling and Testing Services CTS which includes PCRS to clients under a written agreement with ADHS. ADHS provides confirmatory testing and technical assistance on all CTS and PCRS issues.

- Ebony House is a minority CBO funded by CDC to provide HIV Prevention services as well as CTR to African American IDU's and their heterosexual partners.
- TERROS is a CBO which provides comprehensive behavioral health services, CTS, and PCRS to MSM, homeless populations, and behavioral health clients in Maricopa County.
- Native American Community Health Center – Native American Pathways program is a minority CBO providing services to urban American Indians in Maricopa County. Native American Pathways targets MSM and transgender individuals in Maricopa County.
- Gila River Indian Reservation provides services to Gila River Tribal members.
- Phoenix Body Positive is a CBO that targets MSM. Special targeted rapid testing is provided in bathhouses and sex clubs throughout Maricopa County.
- Maricopa County Health Department provides on-site services to the following CBOs: *Chicanos Por La Causa* targets Hispanic persons; Aids Project AZ targets MSM and African American MSM's, and the Ryan White funded McDowell Clinic. Maricopa County now offers outreach testing at a bathhouse in Phoenix.
- Native Images is a CBO targeting urban MSM in Pima County.
- NASMan - Coconino County Health Department runs a targeted MSM program in Coconino County
- Pima County Health Department provides on site testing in collaboration with the following: Southern Arizona AIDS Foundation, which targets MSM in Southern Arizona; COPE Behavioral Health Services, which targets IDUs, homeless and other behavioral health clients in Pima County; El Rio and Special Immunology Associates, the Ryan White funded clinics in Southern Arizona.

6) What other activities will take place between January and December 2005 to enhance PCRS in your jurisdiction?

Reporting from the to the state HIV prevention program and its partners will be changed to allow for better monitoring of HIV positive data.

The ADHS Epidemiology unit will develop a mechanism to assure that all of its funded partners record PCRS data into the Luther web-based system

The HIV prevention unit will provide additional technical assistance to Maricopa County Department of Public Health to assure that persons providing PCRS are adequately trained, and record all information into the web-based reporting system.

7) Please discuss your plans for implementing PCRS activities for calendar year 2005.

ADHS will continue to improve our PCRS activities in 2005. The vast majority (92%) of HIV positive persons found in CTS are located in Maricopa & Pima Counties. ADHS will place greater emphasis in monitoring and providing technical assistance to these two counties during 2005.

CORE ELEMENT: PREVENTION FOR HIV-INFECTED PERSONS

1) Provide information on the current prevention programs/interventions for HIV-infected persons in the jurisdiction. Indicate the name of the program/intervention including "DEBI" projects (i.e., CDC-sponsored interventions from the Diffusion of Effective Behavioral Interventions project such as "Healthy Relationships") and interventions listed in the "Compendium of HIV Prevention Interventions with Evidence of Effectiveness," the name and geographic location of the agency that implements it (city location of administrative office is sufficient), the specific HIV-infected target populations, including gender (e.g., persons living with HIV who are female commercial sex workers), and the targeted race and ethnicity (e.g., Non-Hispanic African Americans). You may want to provide this information in a table; for example:

Intervention Name	Agency/Location	HIV-Infected Target Population(s)	Targeted Race(s) and Ethnicity
Prevention Case Management	Southern Arizona Aids Foundation (SAAF), Tucson, AZ	Men who have sex with Men (MSM) & Intravenous Drug Users (IDU)	Not targeted by Race or Ethnicity
Prevention Case Management	Body Positive, Phoenix, AZ	MSM & IDU	Not targeted by Race or Ethnicity
Prevention Case Management	Yavapai County Health Department, thru facilities in Prescott, Prescott Valley, Cottonwood, Camp Verde and Sedona, AZ	MSM (both heterosexual / homosexual & Sero-discordant couples)	Not targeted by Race or Ethnicity

2) What additional programs/interventions for persons living with HIV are planned for 2005?

In 2005 it is [planned that a total of five DEBI projects and one additional Compendium project will be provided to the community, they are as follows:

- Community Promise (three individual projects)
- M-Powerment
- Man-2-Man
- Safety Counts

Although these six programs will not be specifically targeted to the HIV-positive individual, they will be available to provide supportive services.

Also during 2005, ADHS will assess the effectiveness of its current PCM program, and determine the feasibility and need for further services to HIV-positive persons in Arizona.

3) Please describe the activities that took place between January and June 2004 to collaborate with health care providers and primary care clinics on the integration of HIV prevention into care and treatment services for HIV-infected persons.

During January thru June 2004, HIP/AZ providers in Tucson, Phoenix and Yavapai have all contacted local service providers in their cities and presented a HIP/AZ 101, which included a presentation of the HIP/AZ model and Prevention Case Management. The goal was to educate health care professionals about the program and use them as a referral source for future clients. They will continue to increase the number of providers and clinics receiving the training, in order to enlarge the referral base, particularly by looking at correctional facilities and treatment centers. HIP/AZ is hoping to become part of the aftercare plan for exiting clients.

4) Discuss the specific activities for collaboration among prevention, care and treatment that are planned between January and December 2005.

HIP/AZ will continue to expand the reach of their trainings, in order to enlarge the referral base by looking at correctional facilities and treatment centers. As mentioned previously, they are hoping to become part of the aftercare plan for exiting clients.

During period of January thru December 2005, HIP/AZ plans to continue to provide education on program services to community agencies involved in care, services and treatment in order to further increase the overall referral base and improve the integration of services provided to infected persons.

5) What other activities will take place between January and December 2005 to expand or strengthen prevention with persons living with HIV in your jurisdiction?

HIP/AZ collaborators will continue to meet on a quarterly basis to share updates, discuss innovative breakthroughs, and receive training. The HIP/AZ program manager will continue to visit all collaborators on a monthly basis for support and grant compliance. The goal for active clients for each subcontract needs to be re-evaluated and become more realistic. The current goal numbers are based on CDC 1997 guidelines, which stated a full-time case manager had an active client load of 20-35 clients. Current standards place the number of active clients closer to 20.

6) Please discuss your plans for implementing prevention activities for calendar year 2005 for HIV-infected persons.

Health departments are strongly encouraged to use scientifically proven interventions, such as those in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness or the Diffusion of Effective Behavioral Interventions, or to formally evaluate the outcomes of other interventions

Please see response to item # 2 in this section.

The Statewide Prevention for Positives program currently in place is a five-year program in effect from 2002-2006. This program will continue to serve positive individuals during 2005. As evaluation is done and findings analyzed, improvements will be made to this program. Further evaluation and training will be conducted with this program as well as with the other prevention programs being utilized in Arizona.

CORE ELEMENT: HEALTH EDUCATION AND RISK REDUCTION (HE/RR)

1) What steps have you taken under PA 04012 to ensure that your grantees provide interventions that are based on scientific theory, program theory, and/or evidence of effectiveness, including "DEBI" interventions?

In the most recent RFP cycle to establish prevention programs in Arizona, only interventions from DEBI, REPP, or the Compendium were considered in proposals for funding. Appropriate interventions for each target population had been researched prior to the RFP being written, utilizing the recommendations made by the community planning groups. Only those appropriate interventions were allowed in the process.

2) What steps did you take to require grantees to implement DEBI interventions or interventions from the Compendium?

In the most recent RFP cycle, only interventions from DEBI, REPP, or the Compendium were considered for funding. ADHS has worked with grantees, using the 04064 Procedural Guidance, to emphasize Core Elements of effective interventions and the importance of fidelity to essential program components. ADHS and its grantees have also sought peer technical assistance from NASTAD (National Alliance of State and Territorial AIDS Directors) and CDC experts, in order to refine and inform programs. These processes will continue in 2005.

3) Please describe how you will monitor grantees between January and December 2005 to ensure that interventions are based on theory or evidence of effectiveness.

All targeted programs are utilizing CDC-approved interventions. Program and ADHS staff are receiving training in all funded interventions during 2004. A trained ADHS staff member is assigned to those contractors with funded interventions, and will monitor performance throughout the year. Fidelity to models will be monitored, as well as appropriateness of adaptations.

4) What interventions have been implemented?

Community PROMISE
Mpowerment
Man to Man Sexual Health Seminars
Safety Counts
Prevention Case Management
CTS/PCRS

5) If a grantee did not implement a DEBI intervention or an intervention from the Compendium, how will the intervention be monitored or evaluated?

All grantees have implemented interventions from DEBI, REPP, or the Compendium. The only intervention which is not specifically from the Procedural Guidance is Man to Man Sexual Health Seminars, which had previously been released as part of the REPP interventions, and presented as part of the CDC conference on appropriate interventions for rural men who have sex with men.

6) For what interventions or intervention types do you *and* your grantees currently have written intervention protocols (e.g., PCM, GLI)?

Grantees are currently utilizing CDC guidance and protocols for PCM, CTS, and PCRS. Grantees implementing DEBI interventions are utilizing established models for those interventions. Man to Man Sexual Health Seminar program staff receive ongoing technical assistance from the program developers, as do Mpowerment program staff.

7) Briefly discuss how you will monitor grantees next year to ensure the development and implementation of needed intervention protocols.

ADHS monitors for model fidelity in implementation of all programs. For those grantees who may need further intervention protocols than those previously listed, ADHS will continue to offer technical assistance to grantees in establishing protocols. Efforts will continue to be made in procuring training for grantees through the CDC Capacity Building Branch and capacity building providers.

8) What other activities will take place between January and December 2005 to strengthen HE/RR activities in the jurisdiction?

Further trainings will be sought through capacity building and/or peer technical assistance providers to maintain quality interventions and best prepare program staff for implementation. Technical assistance is continuously available from the health department and other resources in implementation of programs and for utilization of evaluation findings. Collaboration among programs using the same intervention models has been facilitated, strengthening each of those programs through shared knowledge and experience.

9) Please discuss your plans for implementing HE/RR activities for calendar year 2005.

All interventions currently established will continue through 2006 as part of a three-year grant cycle. The health department is in the process of adding additional programs in two of the three planning regions. In the Southern Region a PCRS program is in development for newly infected persons, and augmentation of a *promotora* model program for high-risk heterosexual Hispanic women is being planned. In the Northern Region an intervention for injection drug users, one of the targeted populations in this region, is being considered and will be from the list of DEBI interventions. Additional targeted testing support for high-risk heterosexuals and MSM in the Northern Region is also being planned.

CORE ELEMENT: PERINATAL TRANSMISSION PREVENTION

1) What accomplishments occurred between January and June 2004 regarding work with health-care providers to promote universal HIV screening of pregnant patients?

Meetings between ADHS, Phoenix Children's Hospital, Mountain Park Health Centers and Ryan White Title IV have led to unwritten agreements to report all perinatal testing and results to the State. Additional information to be gathered includes: numbers of pregnant women offered HIV testing, numbers of pregnant women accepting testing, numbers of positives, and comparison with data already reported to ADHS.

2) What specific activities will occur between January and December 2005 on collaboration with health care providers to promote HIV testing of pregnant women and prenatal and postnatal care for HIV-infected women?

Meetings will be held with AHCCCS (Arizona's Medicaid program) and all hospitals currently testing pregnant women for HIV at the time of labor, including McDowell Clinic (health clinic for positive individuals). ADHS is currently designing a reporting mechanism for all new reporting partners, along with materials to be disseminated to women at the time of testing. Prevention will also be strengthening its relationship with Maricopa County's Baby Arizona Project. The project focuses on increased pre-natal care for at-risk women of color in Maricopa County. ADHS will be seeking funds to implement a marketing project targeting doctors and the general public, with assistance from Ryan White Title IV's perinatal program.

CORE ELEMENT: QUALITY ASSURANCE

1) For what interventions or intervention types do you *and* your grantees currently have written quality assurance protocols (e.g., rapid testing, PCM, GLI)?

Counseling and Testing programs use CDC program guidance materials to run their programs. Quality assurance protocols are in place for determining quality of counseling messages and use of testing technology. The statewide PCM program also has quality assurance protocols in place. The targeted HERR programs follow program models and use quality assurance materials recommended by those models.

2) In what ways will you work with your grantees between January and December 2005 to ensure the development and implementation of needed quality assurance protocols? How will you know that the protocols are being used and that agencies have a process for quality improvement?

Continued technical assistance will be provided to all grantees to determine that all programs have the necessary quality assurance protocols, as well as written procedures for services. All programs have been directed to work with ADHS in developing these protocols, utilizing either program models or CDC guidance materials. Program staff will monitor programs to determine that the protocols are in place, are appropriate, and are being used within the program. Evaluation assistance will be given to establish quality improvement needs and use of findings for improvement.

CORE ELEMENT: MONITORING AND EVALUATION

Comprehensive Evaluation Plan

1) Number of and position titles for health department FTEs devoted to data collection, data entry, data management, and analysis and reporting.

ADHS HIV Prevention employs three staff persons who devote portions of their time to data handling functions: an Evaluator (PEMS coordinator and trainer), a Web-System Specialist, and a CTS Coordinator.

2) Plans for working with your grantees to meet the CDC monitoring and evaluation reporting requirements, including collection and submission of client-level data. Estimate the number of grantees within your jurisdiction who will be funded to deliver HIV prevention services, how you plan to train your providers on the new data collection requirements, and timelines for when your grantees will be collecting client-level data if they are not doing so currently.

Arizona is an XPEMS state. Currently, all providers collect client-level data and have done so for the past two years. Data are submitted to the health department through a web-based data collection system. This will continue under the CDC's new monitoring requirements. All necessary data will be transferred to the CDC through file import, once those materials and mechanisms are available. ADHS will be working with all contractors to update data collection tools to meet new variable needs, and will continue to train agency staff on the collection and input of required data elements.

Arizona funds 27 grantees to deliver HIV prevention services. Seventeen local or tribal health departments, three community planning groups, and seven agencies provide prevention services. Each of these agencies has undergone training to familiarize them with data variables and in utilizing the web-based reporting system currently in place. Ongoing technical assistance is available to all agencies by request. As all agencies are currently collecting client-level data, no disruption in reporting is anticipated as PEMS is rolled out. Further training will be instituted prior to PEMS rollout to change data variables, collection tools, or software as needed.

3) Intended methods for data collection (e.g., paper and pencil, PDA) as well as methods for data entry into PEMS (e.g., key-entry, scanning, and file import). Include a description of how agencies will enter data into PEMS (e.g., each provider will have access to PEMS or other systems for data entry versus data will be entered only at and by the health department).

The intended method of data collection for all agencies will be paper and pencil while providing services. This will be followed by entry into the web-based reporting system, via computer. Each agency will have direct access to the website and be able to enter and review all data at their own sites. PEMS input will be through file import from the web-based system provider.

4) Plans and procedures for assuring data security and confidentiality, especially for your grantees/providers.

The web-based system being utilized for data reporting is a secure site which can only be accessed by authorized users. All entry is password protected for each user. Agencies will only have access to the data they enter into the system, although the state health department will have access to all data. All program personnel at both the state and local levels are asked to sign confidentiality agreements.

5) For health departments that plan to use existing computer systems for PEMS, provide a plan and timeline for system modification to achieve compliance with PEMS requirements. System modification is dependent on CDC providing critical information on data variables, data relationship tables, and file format which may not be available in time to respond to this report. In the absence of this information, please include a general description of the work effort and lead time needed to revise your existing systems.

Steps completed:

a. The existing database tables have already been analyzed for differences between PEMS and the existing system for each jurisdiction. Because the system already collects client level data utilizing a unique identifier, the changes are primarily at the variable level within existing tables.

b. Indicator reports for available data are already on-line.

c. Preliminary data collection forms which capture the necessary new variables have been created and are under review/ revision.

d. The new user interface which collects the client level data is well along in development, with preliminary testing scheduled for early October and first implementation for CTS.

e. Note that in general, the internal data system tables will be updated so that additional required data elements are collected by EvaluationWeb (the web-based system). The XPEMS tables will be produced as part of an export process.

f. The system uses Microsoft SQL Server 2000 and Cold Fuxion MX version 6.1. running on a Windows 2003 Server platform. A CISCO PIX firewall is in place.

Timeline:

a. Revision of Jurisdiction, Risk Population, Agency, Intervention, and Intervention Plan tables to collect additional variables is scheduled to begin approximately October 1st. These would correspond to tables CP-A, CP-B, D, E1, E2, (to some extent) F, and S. These revisions are scheduled to be completed by December 31, 2004 so that intervention plan information can be in place for Jan 1, 2005 start. The CDC required date is 05/2005.

b. CTRPN: This would include tables F, G1, G2, H, X-1, X-2, and X-7. The CDC required date for XPEMS is 07/2005. The Counseling and Testing interface/ data collection system is the first user interface to be modified to meet the new PEMS requirements. Development started in July of 2004. A preliminary version for review is scheduled to be completed on approximately October 1, there will need to be a conversion/ change over process which will involve changes to the data system AND existing forms. The data system will be ready by late Fall, 2004. The actual switch over to the PEMS compatible system will take place in the Spring of 2005.

c. PCRS. This corresponds to tables F, G1, G2, H, X-3, X-4, X-5, X-6, X-7. The CDC required implementation date is 10/2005. Revisions to the PCRS system are scheduled to begin in approximately January 2005, with completion by approximately May, 2005.

d. PCM, DEBI, Other Procedural Guidance, Other HE/RR. This corresponds to tables F, G1, G2, H, I, X-7. The CDC-required implementation date is 9/2005 to 01/2006.

- Many of the required components for these will already be in place because of the development required for C&T and PCRS, so component development started in July of 2004.
- Customization for each jurisdiction would begin approximately January, 2005.
- Anticipated completion is May, 2005. Once the development is completed, a transition between the existing data elements/ forms and the new ones will need to be implemented. Planning for that to begin in January of 2005, with implementation in Spring/ Summer of 2005.

e. Aggregate Outreach/HCPI. This corresponds to tables HC, and AG. The CDC required implantation date is 01/2006. Estimated development start date is 09/2005. Estimated completion date is 12/2005.

f. Remaining Community Planning Tables. This would include the CP Linkage Tables, and the CP Membership Survey.

- The membership survey would be created as an on-line survey that CP members can take at their leisure at the discretion of jurisdiction. Anticipated completion is Summer, 2005.
- Linkage tables to be completed late Fall, 2005 or early 2006.

6) Status of progress against readiness checklists provided at the July 2004 Deployment Planning Workshops. Include discussion of tasks that are behind target.

Arizona is currently waiting for CDC information regarding data file formats and other information necessary for XPEMS implementation. Although the readiness checklists apply to CPEMS and DPEMS identified-users, we are on target for utilization of XPEMS in May 2005.

7) Anticipated challenges in meeting PEMS data submission requirements.

The challenges we anticipate center around the availability of information from CDC regarding file formats and other necessary information, as well as the usability of data transfers.

CORE ELEMENT: CAPACITY-BUILDING ACTIVITIES

1) What specific steps have you taken to implement a capacity-building needs assessment for the health department and health department grantees?

ADHS has been researching previously designed assessment tools for very specific capacity building needs for internal and external assessment purposes, including: cultural and linguistic competency tools; infrastructure needs (external); technical assistance needs (internal/ external); capacity to provide skills building technical assistance (internal); mobilization skills (internal/ external). Additional training is being done with staff on DEBI interventions. Program staff will be able to provide ongoing technical assistance to contractors.

2) What capacity-building activities did you implement between January and June 2004? What capacity-building outcomes did you achieve?

Regional CTS training centers were developed for providing counseling and testing, PCRS and other testing-related training statewide, creating more trainers available to the CTS and PCRS programs throughout the state.

Multiple technical assistance visits have been conducted with the three regional centers in Pima, Maricopa, and Coconino counties to assist programs in developing better written policies for testing and integration of services with STD, TB, Hepatitis and Rapid Testing.

CDC rapid test training was held in Phoenix, resulting in an additional 27 people in CTS programs statewide having experience and proficiency in the use of OraQuick rapid tests. Five more programs have added rapid testing to the options available to clients in CTS facilities.

ADHS has established extensive list serves including providers (HIV and non- HIV providers), community members and clients to whom ADHS is responsible for sharing funding information, health and science news, employment announcements, and training and conference information.

The Prevention Department created the first local newsletter dedicated to the providers and consumers of Arizona. The first edition focused on National Black AIDS Awareness

Day, sharing stories about local providers and consumers while also scripting science-based articles about HIV/AIDS and its impact on Black Communities globally and locally. Further topics and timelines will be determined by December 2004.

Prevention works closely with the communities of color in Central Arizona, where high rates of HIV continue within those communities. One of Arizona's coalitions morphed into a work group for providers, community members, and clients of color with the sole focus on building empowerment through education. Prevention provides tools, technical assistance and leadership to this bi-lingual facilitated group.

3) What barriers did you experience in implementing your proposed capacity-building activities?

Not enough time – the need is great. We have many programs who would like to provide testing services, but do not have the infrastructure or the collaborations in place to do it. ADHS has been working with its grantees to network with these groups in their respective regions.

It's taken time for the Prevention Department to find an agreed upon plan for the future capacity building efforts to be implemented, particularly for communities of color. Until recently, very few models existed upon which ADHS could begin building a strategic plan. Using NASTAD's monograph and Hispanic community building models, prevention will be addressing health disparities, building relationships with new internal and external partners, increasing internal capacity building efforts that could only enhance statewide capacity building and community mobilization, and developing stronger levels of communication and participation between government and community partners.

4) What specific actions will take place between January and December 2005 to complete the needs assessment, implement a capacity-building plan, and conduct capacity-building activities?

ADHS is working in partnership with the Office of Minority Health to focus on the unique prevention barriers and opportunities presented in a primarily rural state whose demographics show overrepresentation of HIV in urban communities of color, but also demonstrate increased rates in white MSM communities. OMH and ADHS will facilitate dialogue around the state with providers serving communities of color, where surveys and comments are recorded for qualitative purposes. ADHS is researching an appropriate capacity building needs assessment to be implemented, where the information will be utilized to identify technical assistance and mobilization needs for those specific communities.

Capacity Building efforts are still important to those agencies serving white MSM, therefore culturally appropriate surveys addressing these providers and the needs of

their populations will also be implemented when appropriate. ADHS intends to aid all providers, whether grantees or not with the technical assistance and other tools necessary to create stronger prevention efforts in Arizona's communities.

The Capacity Building plan is currently being developed with a community mobilization plan, designed to focus on Arizona communities of color. The models the plan is based on are NASTAD's Monograph and Latino models of community mobilization and capacity building.

More internal conversations are occurring between the Office of HIV/AIDS and other Health Department offices whose visions include internal and external capacity building efforts leading to culturally appropriate service and thinning the lines of health disparities. The discovery that other health department offices are grappling with issues of capacity building, culturally appropriate services, and health disparities within communities of color has also increased a willingness among departments to share more information, leading to possible future collaborations.

Prevention will be hosting town halls throughout the state for communities of color. These dialogues will create opportunities for underserved, high-risk communities to speak to the impacts of HIV/AIDS and prevention efforts in their communities, their perceptions and relationships with public health and opportunities to strategize future interventions within their communities.

5) What technical assistance/capacity-building assistance do you need to carry out the actions described above in question number 4?

- Assistance with evaluation of needs assessments and community dialogues (Office of Minority Health)

- Cultural Competency assessment and training. (There are local organizations funded to offer assistance and training in these areas.)

CORE ELEMENT: STD PREVENTION ACTIVITIES

1) What progress have you made in facilitating HIV counseling and testing in STD clinics?

ADHS is actively monitoring our grantees utilization of HIV testing & STD screening in their locations. Work has been done with STD clinics, including technical assistance to improve their abilities to provide HIV testing. Historically, ADHS has not seen an increased HIV risk to clients found in STD settings. Most of the STD clinics run a significantly lower rate of HIV positive persons found than their counterparts in HIV specific settings.

As mentioned in other areas of this document, many of our counties provide integrated HIV/STD services, and our largest CTS centers also offer HIV and STD testing in targeted and clinic settings.

2) What specific activities will take place between January and December 2005 to further promote the coordination of STD screening, HIV counseling and testing, PCRS, and HIV prevention in STD clinics?

The ADHS STD Program will become an active collaborator and partner in the Statewide HIV Advisory Group, and has informed the HIV Office that they will increase their targeting of MSM for STD services in Southern Arizona. As previously mentioned, the ADHS HIV and STD programs are collaborating to integrate their grantee testing for HIV and Syphilis in high-risk clients. The STD morbidity cards for reporting have been updated, with collaboration from the HIV program, to increase the quality and quantity of data on risk being collected. Further collaboration is planned for sharing information between the STD and HIV programs.

XII. CORE ELEMENT: COLLABORATION AND COORDINATION

1) With which specific agencies has the health department collaborated since January 2004? Briefly describe the purpose and results of the collaboration.

ADHS prevention is building stronger ties to Ryan White by attending Council meetings and co-sponsoring treatment/ prevention focused events, as well as having designed and funded a Prevention for Positives statewide intervention for the past two years.

Numerous organizations participate in Community Planning, with ADHS creating a statewide planning committee promoting engagement and participation from all interested parties whether currently funded for prevention services or not.

The Health Department's Hepatitis C program established a HEP C Coalition, in which the Office of HIV/AIDS now participates.

The Health Department continues its collaborative work with Arizona OIC (Opportunities Industrialization Center) AAAHIS (Arizona African American Health Information Systems) CDC direct-funded project and the Arizona African American Health Coalition that developed from that project. ADHS provided technical assistance throughout the years of participation, and continues to support the coalition's efforts to sustain itself, even though the CDC did not refund the AAAHIS program. Future plans include building stronger relationships between the coalition and the Latino community through collaborative projects with the African American Hispanic Health Education Resource Center (AAHHERC); the implementation of Central Arizona's first Communities of Color Life Walk, bringing enhanced awareness to HIV/AIDS in communities of color and fund raising with the intention of donating funds towards client

needs. AAAHIS, AAHHERC, ADHS and other organizations are presently planning the first communities of color HIV/AIDS conference for Arizona.

ADHS recently partnered with the African American Hispanic Health Education Resource Center, AIDS Project Arizona, Body Positive, Positive Family Services, Arizona State University, the Arizona Hemophilia Association, and other organizations to host a weekend with noted HIV/AIDS physician, Dr. Robert Scott from Oakland, California. ADHS provided awards and certificates of appreciation to award recipients and volunteers, as well as volunteering at the event. The HIV/AIDS Office Chief participated in the event, while other ADHS staff also attended a two-day event which hosted almost 300 consumers and providers.

Prevention is collaborating with the Light of Hope Institute and ASU West to host the Arizona Human Rights Conference at ASU West. This is the third year Prevention partnered on this conference.

2) What tangible collaboration and coordination activities, including purposes and results, will take place between January and December 2005?

The Office of HIV/AIDS brings a new vision of prevention to communities of color by focusing on health disparities. To this end, the Office of HIV/AIDS is participating in the planning of an ADHS-sponsored Health Disparities statewide conference. The Prevention Department is also participating in a Health Disparities Conference facilitated by the National Conference of Community and Justice. Both conferences are free to the public with focus on community leadership and providers, creating dialogue and opportunities for skills building in order to decrease the lines of disparity between Arizona's different ethnic groups.

Prevention will continue to offer assistance and leadership to the Arizona African American Community Health Coalition; the Ethnic Community Empowerment Development Work Group; the African American Faith Partnership, the African American Hispanic Health Education Resource Center and the Arizona American Indian HIV/AIDS Task Force. In a collaborative effort, capacity building needs assessments will be designed for all the communities and their organizations. Cultural competency assessment tools will also be implemented via partnerships with each group and evaluated through the collaboratives.

The Prevention Office will continue to strategically search out and work with new allies including: small businesses, law enforcement, politicians, community leaders, medical staff, government departments, faith community members and health professionals of color. The capacity to create effective structural change must come from community members in partnership with the Health Department. Prevention also intends to increase its collaborative activities with peer agencies (Health Departments and CBOs) outside of Arizona, through referrals from CDC and NASTAD involvement in the Prevention Work Group.

MAJOR ISSUES DURING THE REPORTING PERIOD, JANUARY – JUNE 2004

1) What HIV prevention activities posed the greatest challenges during the first six months of the project period?

Implementing the new Community Planning Guidance was the state's greatest challenge during 2004. Though passionate and committed to HIV prevention, community members experienced difficulty changing activities and routines which had been in place over the past several years.

ADHS also had considerable difficulty in funding all priority populations and interventions within the three planning regions. The 2004-2006 RFP process required adherence to much more sophisticated program models, and several proposals were not judged fundable by RFP review committees. ADHS had to conduct extensive negotiations with contractors in order to comply with the Procedural Guidance intervention standards, and experienced severe delays due to internal procurement program issues. Additional consultations were conducted with GoPig co-chairs, regional planning groups, and potential contractors for 2005.

ADHS-funded programs also experienced frustration at not being able to receive timely training in DEBI interventions from CDC. For example, a PROMISE program funded since January, 2004, will not be allowed to receive training until late fall.

PCRS data collection was also extremely difficult, due to differing agency surveillance practices and expectations. Providing training on PCRS has also been challenging among grantees.

PEMS implementation uncertainties, data element changes, and other issues well-documented by NASTAD have also presented challenges to prevention planning and activities. Fortunately, ADHS status as an XPEMS state and its in-place web-based reporting have allowed data collection and training to continue unabated at the contractor and local health department level.

Lastly, marketing to specific populations is an awesome challenge. Researching funding for targeted marketing purposes is a priority for the state. Prevention and local CBOs are presently working together to strategize marketing for communities of color in Central Arizona.

2) What training, technical assistance, and/or capacity-building activities are needed to address these and anticipated issues during the next reporting period, January through December 2005?

ADHS anticipates that training in effective interventions will remain difficult to obtain as

new staff are hired by agencies, and ADHS encourages CDC to increase its commitment to and capacity for training actual health department-funded prevention providers. ADHS will also utilize peer technical assistance for Arizona prevention providers from national experts and providers of DEBI interventions.

ADHS, the local community planning groups, and GoPig are consulting with AED to provide community planning technical assistance during late 2004, and this process will continue as needed during 2005.

ADHS is also collaborating with AED in its development of a new guide for the Community Services Assessment, which CPGs will be conducting during 2005. AED will assist Arizona planning groups as needed.

Community capacity building activities during 2005 will be guided by the results of surveys and assessments in process or yet-to-be-conducted.

XIV. FUNDING AND STAFFING ISSUES

What funding, staffing, and/or other issues are likely to affect the health department's ability to carry out the requirements of PA 04012 between January and December 2005?

ADHS looks forward to attaining 100% prevention staffing during 2005. As of the submittal of this IPR, staff positions for community planning coordinator and administrative services support have yet to be filled. A fully-staffed prevention program will be more able to serve the multiple requirements of a complex, jurisdiction-wide HIV prevention program.

Further decreases in CDC prevention funding, such as recissions, would severely impact the state's ability to carry out PA 04012.

Delayed issuance of 2005 application guidance would makes a smooth, timely concurrence process almost impossible to conduct.

An issue of continuing concern during 2005 will be the collection and reporting of PCRS data by county surveillance unit staff. ADHS Prevention and Epidemiology units will continue to collaborate to mandate this reporting in both prevention and surveillance settings.

The ability of staff, both at the state health department and its grantees, to obtain training on DEBI interventions makes it extremely difficult to maintain fidelity of effective interventions. As CDC becomes increasingly interested in jurisdictions being accountable for utilizing proven interventions, this becomes a greater challenge.

CONCURRENCE OF HIV PREVENTION COMMUNITY PLANNING GROUPS (CPGs)

Letters will be inserted after they are received on Sept 30th.